

(MODEL APPROVAL LETTER)

(Letterhead)

**NOTICE OF SSI-E EXCEPTIONAL EXPENSE CERTIFICATION ACTION  
FOR PERSONS IN NATURAL RESIDENTIAL SETTINGS**

**DATE**

**(APPLICANT NAME AND ADDRESS)**

Dear Mr./Ms. **(APPLICANT NAME)**:

This is to notify you that the following action has been taken concerning the status of your application for the SSI-E exception expense payment.

Your application for SSI-E certification is approved by **(COUNTY AGENCY NAME)**. This certification has been forwarded to the Department of Health and Family Services for final action. The Wisconsin Department of Health and Family Services will notify you of the effective date and amount of increase in your Supplemental Security Income (SSI) check. This may take about 30 days. If the DHFS SSI office has any questions a representative will contact you.

If you have any questions concerning this notice, please contact **(WORKER NAME)** at the **(AGENCY NAME AND PHONE NUMBER)**.

Sincerely,

**(LOCAL AUTHORIZING AGENCY REPRESENTATIVE)**